

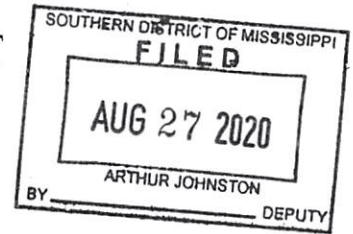
Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

UNITED STATES DISTRICT COURT

for the

District of

Division



Case No.

5:20-cv-173-DCB-MTP

(to be filled in by the Clerk's Office)

MATHANIEL TOVORIS BRENT

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

MTC - MANAGEMENT TRAINING CORP.
MDOC - MISS. DEPT. OF CORR.
WCCF - WILKINSON CO. CORR. FAC

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

I. The Parties to This Complaint**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

NATHANIEL T. BRENT

All other names by which
you have been known:

ID Number

#39218

Current Institution

WILKINSON CO. CORR. FACILITY

Address

2999 HWY. 61 NORTH

WOODVILLE MS 39669
City State Zip Code

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (*if known*) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name

MTC - MANAGEMENT TRAINING CORP.Job or Title (*if known*)

Shield Number

Employer

Address

500 N. MARKETPLACE DR.

CENTERVILLE, UT 84014
City State Zip Code

☐ Individual capacity ☒ Official capacity

Defendant No. 2

Name

MTC - MANAGEMENT TRAINING CORP.Job or Title (*if known*)

Shield Number

Employer

Address

1305 S. MAIN ST., SUITE #101

HENDERSON, TX 75654
City State Zip Code

☐ Individual capacity ☒ Official capacity

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Defendant No. 3

Name

MDOC - MISSISSIPPI DEPT OF CORR

Job or Title (if known)

Shield Number

Employer

Address

301 N. LAMAR ST.

JACKSON

City

MS

State

39201

Zip Code

☐ Individual capacity☒ Official capacity

Defendant No. 4

Name

WCCF - WILKINSON CO. CORR. FACILITY

Job or Title (if known)

Shield Number

Employer

Address

2999 HWY. 61 NORTH

WOODVILLE

City

MS

State

39669

Zip Code

☐ Individual capacity☒ Official capacity

II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (check all that apply):

☐ Federal officials (a *Bivens* claim)☒ State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

FAILURE TO PROTECT, VIOLATES MDOC POLICY 19-03-01 (24-26)
TO ENSURE THE SAFE AND SECURE OPERATION OF THE
FACILITY/UNIT (60,61) (113,114)...MORE TO COME

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

- D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

MTC IS CONTRACTED BY MDOC TO HOUSE STATE OFFENDERS AT WILKINSON CO. CORRECTIONAL FACILITY AT WOODVILLE MS; WCCF IS OWNED AND OPERATED BY MTC

III. Prisoner Status

Indicate whether you are a prisoner or other confined person as follows (check all that apply):

- ☐ Pretrial detainee
- ☐ Civilly committed detainee
- ☐ Immigration detainee
- ☒ Convicted and sentenced state prisoner
- ☐ Convicted and sentenced federal prisoner
- ☐ Other (explain)

IV. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.

- B. If the events giving rise to your claim arose in an institution, describe where and when they arose.

**WCCF - WILKINSON CO. CORR. FACILITY ON G-POD
IN THE DAYROOM AREA BETWEEN 4:30 - 6:30 PM**

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C. What date and approximate time did the events giving rise to your claim(s) occur?

TUESDAY JUNE 16TH 2020 (4:30 - 6:30 PM)

D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

I WAS ASSAULTED AND STABBED BY A INMATE, THERE WAS NO OFFICER NOR STAFF IN F+G'S UNIT TOWER NOR WITHIN THE SECTION

V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

I WAS STABBED IN MY BACK-SIDE UPPER SHOULDER AREA, WAS RUSHED BY AMBULANCE TO HOSPITAL AT CENTREVILLE MS, RECEIVED SEVERAL STITCHES...

VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

I WANT THE COURT TO GRANT ME \$1,000,000 ONE MILLION USD; FOR AGGRAVATED ASSAULT CHARGES TO BE FILED ON DEMETRIUS WILLIAMS

VII. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

☒ Yes

☐ No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

WILKINSON CO. CORR. FACILITY

B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

☒ Yes

☐ No

☐ Do not know

C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

☐ Yes

☒ No

☐ Do not know

If yes, which claim(s)?

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- D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

☒ Yes

☐ No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

☒ Yes

☐ No

- E. If you did file a grievance:

1. Where did you file the grievance?

WILKINSON CO. CORR FACILITY; ARP

2. What did you claim in your grievance?

MTC, MDCC, WCCF FAILED TO PROTECT AND KEEP ME SAFE, THEY ERRED BY OPERATING THE FACILITY UNDERSTAFFED SO SEVERELY

3. What was the result, if any?

REJECTED

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)

I RE-FILED A "STEP-2" AND WAS REJECTED AGAIN

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F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

FILED ARP-ADMINISTRATIVE REMEDY,
WAS REJECTED

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)

VIII. Previous Lawsuits

The "three strikes rule" bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has "on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury." 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had a case dismissed based on this "three strikes rule"?

☐ Yes

☒ No

If yes, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

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- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

☐ Yes

☒ No

- B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s) _____

Defendant(s) _____

2. Court *(if federal court, name the district; if state court, name the county and State)*

3. Docket or index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending?

☐ Yes

☐ No

If no, give the approximate date of disposition. _____

7. What was the result of the case? *(For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)*

- C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?

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☐ Yes

☒ No

D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s) _____

Defendant(s) _____

2. Court *(if federal court, name the district; if state court, name the county and State)*

3. Docket or index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending?

☐ Yes

☐ No

If no, give the approximate date of disposition _____

7. What was the result of the case? *(For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)*

IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: _____

Signature of Plaintiff

Printed Name of Plaintiff

Prison Identification #

Prison Address

Nathaniel T. Brent
 NATHANIEL T. BRENT
 # 39218
 2999 HWY. 61 NORTH
 WOODVILLE, MS 39669
City State Zip Code

B. For Attorneys

Date of signing: _____

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Address

City

State

Zip Code

Telephone Number

E-mail Address

STATEMENT
OF CLAIM:

ON TUESDAY, JUNE 16TH 2020, SOMETIME BETWEEN 4:30 - 6:30 P.M., MYSELF OFFENDER BRENT #39218 BEING A MDCC INMATE HOUSED ON G-PDD #212 AT THE WILKINSON CO. CORRECTIONAL FACILITY (WCCF) IN WOODVILLE, MS... WHILE HOUSED AT WCCF ON "G-PDD" WHICH HOUSES THE HIGH RISK INCENTIVE PROGRAM, I WAS PHYSICALLY ASSAULTED AND STABBED BY OFFENDER DEMETRIUS WILLIAMS, ONCE NEAR MY UPPER RIGHT BACK SHOULDER AREA. THE STABBING REQUIRED SEVERAL STITCHES, OFFENDER BRENT, WAS RUSHED BY AMBULANCE TO THE NEAREST FREE-WORLD HOSPITAL AT CENTREVILLE, MS...

WCCF, IS PRIVATELY OWNED BY MANAGEMENT TRAINING CORP - MTC, AND IS CONTRACTED THROUGH MDCC TO HOUSE MDCC INMATES. ACCORDING TO MDCC-POLICY SOP #19-03-01 OF THE HIGH RISK INCENTIVE PROGRAM (24-26) CLEARLY STATES;

MDDC WILL DETERMINE OFFENDERS ACCESS TO SERVICES AND PRIVILEGES AS NECESSARY TO ENSURE THE SAFE AND SECURE OPERATION OF THE FACILITY/UNIT WITH AVAILABLE RESOURCES AND PHYSICAL PLANT LIMITATIONS. BOTH, MDOC AND MTC, FAILED TO ENSURE THE SAFE AND SECURE OPERATION OF THE FACILITY BY ⁽¹⁾NOT PROVIDING THE REQUIRED PROPER AMOUNT OF OFFICERS/STAFF TO ORDERLY OPERATE THE WCCF ⁽²⁾, NO INTERCOM SYSTEM THROUGHOUT THE ENTIRE FACILITY SO OFFENDERS ARE UNABLED TO SIGNAL FOR ASSISTANCE ⁽³⁾, STAFF IS NOT PROPERLY TRAINED, FACILITY IS UNDERSTAFFED. WHICH MAKES MTC MDDC NEGLIGENT TO PROVIDE OR ENSURE THE SAFE AND SECURE OPERATION OF WCCF...

ON THE DATE AND TIME OF THIS INCIDENT THEIR WAS NO OFFICER ON POST IN THE F&G's UNIT TOWER, G-PDD HOUSES OFFENDERS CLASSIFIED AS HIGH RISK OFFENDERS, HIGH RISK INCENTIVE PROGRAM...

ON TUESDAY, JUNE 16TH, 2020, AT THE TIME OFFENDER BRENT WAS ASSAULTED AND STABBED THERE WAS NO OFFICER ON POST IN THE F+G'S UNIT TOWER; THERE WAS NO OFFICER NOR STAFF WITHIN THE F+G'S UNIT SECTION, LESS THAN FIVE (5) MINUTES PRIOR TO OFFENDER BRENT BEING ASSAULTED AND STABBED THERE WAS ANOTHER ALTERCATION BETWEEN TWO (2) OTHER OFFENDERS. AND AGAIN, THERE WAS NO OFFICERS POSTED IN THE F+G'S UNIT TOWER, NO OFFICERS NOR STAFF WITHIN F+G'S UNIT SECTION AND NO STAFF NEVER RESPONDED TO THE PRIOR ALTERCATION (STATEMENT ALREADY PRESENTED)...

RELIEF SAUGHT; ONE (1) MILLION US DOLLARS,
AGGRAVATED ASSAULT CHARGES FILED ON
OFFENDER DEMETRIUS WILLIAMS RESPECTFULLY...

Nathaniel T. Brent
NATHANIEL T. BRENT #39218
WCCF - G#212

WCCF IS SEVERELY UNDERSTAFFED , THE AMOUNT OF STAFF IS SO MINIMUM THAT IT RENDERS THE FACILITY UNSAFE. ⁽¹⁾ MTC HAS NOT PROVIDED THE PROPER AMOUNT OF STAFF NEEDED TO OPERATE WCCF SAFE NOR SECURELY , AS IS MANDATED BY MDOC POLICY. ⁽²⁾ THE STAFF IS BELOW ADEQUATE MINIMUM NEEDED TO SAFELY OPERATE THE FACILITY AND THAT LACK OF THE PROPER AMOUNT OF STAFF CREATES A UNSAFE, PREDATORIAL ENVIRONMENT ; ⁽³⁾ THE INTERCOM SYSTEM THROUGHOUT THE ENTIRE FACILITY IS DESTROYED , BEEN DESTROYED FOR SEVERAL YEARS SO OFFENDERS HAS NO FORMAL COMMUNICATION AND NO WAY TO ALERT STAFF IN CASE OF EMERGENCY OF A THREAT OR ILLNESS. MDOC IS FULLY AWARE OF THE UNDERSTAFFED SITUATION , MR LEE , IS THE CONTRACT MONITOR HERE AT WCCF FOR MDOC ...

BETWEEN 5-6:30 P.M

ON Tuesday June 16, 2020 MYSELF OFFENDER James Pennington did have a Physical Altercation With OFFENDER JOHN HENRY While being housed at Wilkinson Co Correctional Facility ON G-Pod #102... There was NO OFFICER IN the UNIT'S tower NOR IN the ENTIRE F&G UNIT, NO STAFF NOR Medical Never Responded NOR came ON the Pod AFTER the ALTERCATION

James Pennington
James Pennington

STATE: THIS IS A STATEMENT
FREELY GIVEN ON HIS OWN
FREE-WILL FROM AN OFFENDER
WHO WAS INVOLVED IN A
INCIDENT MINUTES PRIOR TO
THE INCIDENT INVOLVING BRENT...

CODE: 0799

ARP-1

**MISSISSIPPI DEPARTMENT OF CORRECTIONS
Administrative Remedy Program**

WCCF-10-588

First Step Respondent: **REJECTED**
Location: **WCCF**

REJECTED

Offenders' Name and No: **NATHANIEL BRENT #39218**
Unit: **WCCF**

Date of incident: **06/16/20**

OT-10

☐ **ACCEPTED:** This request comes to you from the Administrative Remedy Program Director. See the attached request from the offender. Please return your response to this office within 30 days of this date.

☒ **REJECTED:** Your request has been rejected for the following reason(s):

☐ Relief is beyond the power of the Mississippi Department of Corrections to grant.

☐ The complaint concerns an action not yet taken or a decision which has not yet been made.

☐ There has been a time lapse of more the fifteen (15) days between the RVR and the initial request: Incident happened on 06/16/20_; received in this office on 07/08/20 _.

☐ There has been a time lapse of more the thirty (30) days between the event and the initial request: Incident happened on; received in this office on

☐ The Mississippi Department of Corrections does not handle Parole Board matters.

☒ Other:

BEYOND THE POWER OF ARP TO GRANT

Director of Administrative Remedy Program

R. Pennington

7/28/20
Date



STATE OF MISSISSIPPI
DEPARTMENT OF CORRECTIONS
BURL CAIN
COMMISSIONER

Scott Middlebrooks
Warden
Wilkinson County Correctional Facility

Post Office Box 1119
Woodville, Mississippi 39669
(601)888-3199

August 5, 2020

Inmate: NATHANIEL BRENT #39218
Unit: WCCF

RE: Your Request for Administrative Remedy
WCCF-20-588

I am in receipt of your request for Administrative Remedy concerning U.S. Currency and etc.....

It has been noted that you have a previously rejected ARP concerning the same issue.

Therefore, since this matter has already been rejected, this particular request is being returned to you and will not be processed. **(FINAL LETTER)**

Sincerely,

A handwritten signature in black ink, appearing to be "J. Williams", is written over the printed name.

J. Williams
Grievance Coordinator

JW

Pc: File